

Criminal Justice Task Force Report On

# Mental Health & Criminal Justice in Tennessee



Tennessee Department of Mental Health  
and Mental Retardation  
and  
Tennessee Mental Health  
Planning Council

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## **AGENCIES AND ORGANIZATIONS REPRESENTED**

Tennessee Mental Health Planning Council

National Alliance for the Mentally Ill

Tennessee Association of Mental Health Organizations

District Public Defenders Conference

Tennessee Mental Health Consumers' Association

Tennessee Association of Chiefs of Police

Tennessee District Attorneys General Conference

Tennessee Corrections Institute

Tennessee General Session Judges Conference

Tennessee Sheriff's Association

AdvoCare of Tennessee

Tennessee Department of Corrections

Tennessee Department of Health

Tennessee Department of Mental Health & Mental Retardation

Tennessee Department of Finance & Administration

## **EXECUTIVE SUMMARY**

The Criminal Justice Task Force provided an opportunity for key stakeholders to come together and examine the issues involved when people with mental illness interact with the criminal justice system. Together they worked to promote a better understanding of the needs and rights of persons with mental illness.

The members recognize that each Tennessee community, urban and non-urban, is unique with varied characteristics that need to be addressed. It was determined that the most effective manner in which to begin work on the problem is to facilitate the education of and communication between key statewide and community stakeholders.

The programs that have successfully been implemented are those that have leaders who view mental illness as a community issue; thus working together by devoting time, energy, and pooling of resources to develop services appropriate for the community.

The members identified components that can be developed and implemented to meet the needs of local communities throughout the State. The components include facilitation, education and training, and community support.

- ◆ Facilitation is the process of developing and maintaining relationships between the criminal justice and mental health service systems to ensure they work together to achieve common goals. This process is accomplished through a designated facilitator sometimes referred to as a “boundary spanner”.
- ◆ Education and Training are the necessary building blocks to develop working relationships. Education provides the foundation from which communication and understanding are built; training activities must be relevant and ongoing.
- ◆ Community Support is the willingness of communities to accept responsibility and work collaboratively to improve the functioning of the criminal justice and mental health service delivery systems on behalf of individuals with mental illness in the Tennessee criminal justice system.

The Criminal Justice Task Force is pleased to submit the following report with recommendations about the needs of offenders with mental illness in the Tennessee Criminal Justice System.

## **INTRODUCTION**

In October of 1998 the Executive Committee of the Tennessee Mental Health Planning Council was presented with a document entitled "A Survey of County Jails in Tennessee". This survey was the product of a subcommittee of the TennCare Partners Roundtable, which was a committee of the Tennessee Mental Health Planning Council. The study was intended to be an initial step in describing the number of persons with a mental illness being held in Tennessee jails and the mental health and substance abuse services available to them while incarcerated in local jails.

The Jail Survey identified several areas for improvement and made specific recommendations. One recommendation was to establish a statewide task force to address the issues that were identified by the study and to recommend a "model system" for Tennessee.

Consequently, in March 1999, at the request of the Tennessee Mental Health Planning Council, the Commissioner of the Tennessee Department of Mental Health and Mental Retardation established the Criminal Justice Task Force. Letters of invitation were sent to a number of mental health, criminal justice, consumer and family members, as well as state officials and other interested parties. The first meeting was in May 1999 and the Task Force met monthly through June 2000.

Commissioner Rukeyser presented the "Charge" of the Task Force with permission to refine it to fit the desires of the members. The "Charge" was finalized as follows:

To examine issues affecting adults with mental illness who are involved throughout the criminal justice system\* in Tennessee.

To promote the identification of individuals with a mental illness, why they are there and what, if any, gaps in the mental health service delivery system or the criminal justice system contributed to their legal status.

To foster a better understanding of the needs and rights of persons with a mental illness and the needs and requirements of the criminal justice system.

To support the early identification of persons with a serious mental illness\* entering the criminal justice system and when possible, to avoid incarceration through diversion to alternative programs.

The primary population focus of the Task Force was adults with serious mental illness. Co-occurring disorders such as substance abuse and mental retardation were also addressed in the discussions and report of findings.

Three subcommittees were developed to review mental health and criminal justice issues. The Title 33 Subcommittee reviewed the current mental health codes and in August 1999 made recommendations to the Governor's Title 33 Revision Commission that was conducting a comprehensive review of Title 33.

In July 1999, the Task Force developed the Interagency Coordination and Training and the Best Practice Guidelines Subcommittees. The Committees were charged with reviewing their identified area and reporting to the Task Force on findings and recommendations.

The Task Force and sub-committees met monthly and were provided with presentations from Task Force members and others on existing programs in the state. Of special note was a presentation on Maryland's Community Criminal Justice Treatment Program. Volumes of literature and information were reviewed and discussed by Task Force members. Subcommittee work was completed in January 2000 and the final report was presented to Elisabeth Rukeyser, Commissioner of the Tennessee Department of Mental Health and Mental Retardation, in June of 2000.

\*The term "criminal justice system" is written throughout this report. For purposes of this report, the term is inclusive of "all people or entities involved in the arrest, detention, prosecution, defense, diversion, adjudication and supervision of persons charged with a criminal offense".

\*The term serious mental illness is written throughout this report. For purposes of this report, the definition is "diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities. An individual with a serious mental illness may also have a co-occurring diagnosis of drug/alcohol abuse or mental retardation.

# **REPORT FROM THE CRIMINAL JUSTICE TASK FORCE**

## **TASK FORCE PROCESS**

Through a series of monthly meetings, members of the Task Force were provided individual presentations concerning programs that have been implemented in Tennessee and other states. The members also shared with one another numerous articles, periodicals, and other written material regarding programs and models of programs that addresses the criminal justice system and mental health issues.

The members then reviewed the Tennessee “system” and how the criminal justice and mental health systems are currently interacting, as well as the inadequacies of the “system”. The recommendations were developed from this extensive review of the mental health and criminal justice systems in Tennessee and other states.

## **ELEMENTS**

Themes and elements emerged from the presentations that are characteristic of model programs.

### **I. “Boundary Spanner”**

The first element is the need for defined geographical areas to have an individual who is responsible for coordinating and facilitating relationships between judicial, correctional, and mental health providers. This was presented as an essential component for bringing the appropriate people together to develop a program to benefit the community and its needs for persons with mental illness involved in the criminal justice system. This individual who is referred to as a “boundary spanner” is defined as someone who navigates between the different systems and agencies to achieve a common goal.

### **II. Diversion Services**

The second element is providing diversion services in communities. There are many different types of diversion programs that provide alternatives to individuals with mental illness from enduring unnecessary incarceration. Diversion services may be designed for both pre-booking and post-booking phases. Pre-booking diversion provides intervention prior to the booking of an individual for an appropriate offense.

#### **A. Pre-booking**

The following pre-booking service is an example from the Task Force presentations and review of the literature.

### 1. Single Port of Entry

A single port of entry provides an alternative for individuals who are suspected of having a mental health problem, but have engaged in or have propensity to engage in, inappropriate or criminal behaviors as defined by state law and implemented by the local police agency. This type of diversion allows the law enforcement agency to immediately access (seven days a week, twenty-four hours a day) a mental health evaluation to determine the most appropriate treatment resource and avoid booking the individual to a jail. A single port of entry can divert an individual from the criminal justice system and therefore promote the decriminalization of mental illness.

### 2. Specialized Team Approach

A specialized team is comprised of trained law enforcement agents who are able to address mental health issues in the community. The officers are trained to determine when diversion is appropriate and have the option available to divert individuals for mental health evaluation and referral to community resources prior to booking.

## B. Post-booking

Post-booking is offered once the individual is incarcerated. The following are examples of post-booking diversion services.

### 1. Mental Health Court

The mental health court was developed in Broward County, Florida, in an effort to reduce the number of people with mental illnesses in jail and reduce the amount of time they spend in jail. This service model was created by a task force that used a community-based approach to address a broad set of issues involving persons with mental illness in the justice system with non-violent misdemeanor offenses. The Broward County Mental Health Court model has gained national attention for its success and is being replicated in other states.

### 2. Pre-trial Services

Pre-trial services are an alternative to bonding and incarceration in which individuals are released on their own recognizance and diverted to appropriate treatment services rather than held in jail. Pre-trial services can be delivered by case managers with diverse skills who obtain mental health evaluations, negotiate treatment plans, link with community resources, and consult with the courts for rapid release to community services as opposed to incarceration.

### **III. Mental Health Services during incarceration**

The third element is the provision of mental health services during incarceration. A successful model must emphasize early identification, evaluation and stabilization of mental health symptoms and coordination of treatment services. Model jail programs demonstrate that case management is an effective means for implementing these activities. An individual with mental health skills and knowledge of criminal justice systems can also provide valuable training for jail personnel. As noted in one presentation, having this type of mental health worker in the jail is a “win-win” situation for all parties involved.

The Task Force members identified the following additional components as important for jail programs.

- Contracting with or employing a psychiatrist or physician with psychiatric expertise, a physician assistant with psychiatric expertise, or an Advanced Practice Psychiatric Nurse to perform assessments for medication and treatment needs.
- Written policies and standards that address suicide prevention.
- Separate holding areas or facilities for individuals with mental illness who are vulnerable and/or experiencing acute symptoms.
- Treatment programs for convicted individuals with substance abuse disorders or co-occurring disorders.
- A process for quick identification of individuals needing forensic evaluations and expedited court orders to prevent delays and possible deterioration in mental status.

### **IV. Release Planning**

The fourth element is linking offenders to mental health and community services on release from jail or prison. There is strong evidence in the literature that many mentally ill offenders continue to offend and return to jail due to the lack of participation in community services on release from jail. Aftercare planning is the assessment and planning for services required to assist the individual with successful community living.

Community resources that should be in place prior to release are: adequate housing, mental health services, assertive case management, medication, income or insurance to pay for medications and treatment, psychosocial services, and needed social supports and assistance.

Strong collaboration between the criminal justice system, mental health providers, probation and parole, and community services can reduce the revolving door syndrome and decrease the number of individuals with mental illnesses in jails.

## **THE TENNESSEE SYSTEM**

Members of the Task Force were informed of how the mental health and criminal justice systems currently function and interact with one another. The following is an overview of the state's mental health and criminal justice systems.

### **Mental Health**

The State Mental Health Authority, the Tennessee Department of Mental Health and Mental Retardation, is divided into three Divisions: the Division of Administrative Services, the Division of Mental Health Services, and the Division of Mental Retardation.

The Division of Mental Health Services oversees five state operated Regional Mental Health Institutes and provides planning, service development, program monitoring and evaluation, fiscal monitoring, and technical assistance for community programs and forensic services. The Division is also responsible for administering the federal Block Grant funds and other grant funds that provide specialized community based programs and services for adults with serious mental illness and children with serious emotional disturbance.

In 1995, the State of Tennessee received a waiver from the United States Health Care Financing Administration (HCFA) to "privatize" its Medicaid program. As part of this initiative, TennCare Partners, a mental health managed care plan, was developed to serve Medicaid eligible individuals and many of the seriously mentally ill who would otherwise be unable to purchase or obtain private mental health insurance. Under provisions of this plan, two private, for profit Behavioral Health Organizations (BHOs) provide mental health care to Medicaid and other eligible recipients. Many of the mentally ill and dually diagnosed offenders who are incarcerated in Tennessee's jails have been recipients of mental health services through the TennCare Partners Program. While TennCare Partners has been able to meet the mental health treatment needs of many individuals, it has become apparent that there are a cadre of individuals with mental illness who have specialized needs who are "falling through the cracks" of several systems. Unfortunately, this population often encompasses homeless or very low-income individuals who commit minor crimes that cause them to be incarcerated in the States' jails.

The Tennessee Department of Mental Health and Mental Retardation supports a Statewide Mental Health Planning Council and Regional Planning Councils. The Tennessee Mental Health Planning Council serves as the state's formal mental health planning council in accordance with Section 1914 of P.L. 102-321. The Council serves in an advisory capacity with the Department to ensure that the TennCare Partners Program, state and grant funded services are coordinated, consumer-focused, and accountable. It was the request of the Tennessee Mental Health Planning Council that the Criminal Justice Task Force be

established to examine the needs of mentally ill offenders in the Tennessee Criminal Justice System.

### **Jails**

The jails in Tennessee are under the supervision of the sheriffs in each of the ninety-five counties. The sheriffs manage almost all of the jails. A very small number are under contract to private jail management companies.

Budgets for jail management are approved through the governing body of the individual county's government. Since the financial resources of the counties vary so widely, the ability to fund jails also varies widely with some counties being able to afford more training, staffing, and services. However, many counties, especially in the rural areas, may not provide adequate funding.

There is a statutory requirement that jails be certified by the Tennessee Corrections Institute, an independent jail training and inspection agency created by state statute. However, if a jail is decertified, there are virtually no consequences.

The Institute also provides training for jail personnel; however, some of the larger counties have developed their own training academies. The Institute is in the process of updating its training to reflect more current trends and requirements in jail operations.

The Tennessee Department of Correction contracts with various county jails to house some of its State inmates. Often, county jails in the State house a number of State prisoners and these counties receive reimbursement for these prisoners as a substantial part of their budgets.

The rated capacity for all jails in the State of Tennessee as determined by the Tennessee Corrections Institute is 20,474. Of the 129 facilities, 98 facilities are certified and 31 are without certification. The jail summary report dated 2/18/00 provided by the TN Department of Correction, indicates that the total jail population was 18,804 and of this figure, TDOC inmates being housed in county jails was 1,958 and the local felony count was 3, 899. The report also indicated that jails were housing a total of 5,930 pre-trial detainees, and total convicted misdemeanants were 4,742.

According to Bureau of Justice Statistics, nationally, an estimated 283,000 offenders with a mental illness were held in state and federal prisons and local jails in 1998. Tennessee, like many other states, has seen a significant increase in the number of persons with mental illness and co-occurring disorders entering the criminal justice system. A Tennessee jail survey that was conducted in November 1998 by a subcommittee of the Tennessee Mental Health Planning Council found that approximately 18.9% of persons housed in county jails have a

diagnosis of mental illness. Based on this study, of the 18,804-jail population, 3,573 may have had a diagnosis of mental illness in February 2000.

### Legal Process

It would be impossible to fully document the variations in the administration of justice in the 31 judicial districts of Tennessee. Urban jurisdictions tend to be significantly different than rural jurisdictions and individual courts within these broad headings have both formal and informal rules and procedures unique to the area.

### **Misdemeanors**

The vast majority of arrests are for misdemeanors: minor offenses in which the sentence is less than one year in jail. Contrary to the popular perception, it is estimated 80% of the offenses committed by persons with mental illness fall into the misdemeanor range. Misdemeanor arrests of people with mental illness are often “nuisance crimes” such as disorderly conduct, panhandling, and criminal trespass in which the sentence is 30 days or less. The more serious misdemeanors committed by this population are mostly assaults against family members or other domestic offenses.

Misdemeanor offenses are usually disposed of at the General Sessions Court level. Sentences for those found guilty of a misdemeanor offense may be a short period of incarceration and/or probation of up to one year. Mental health treatment, substance abuse screens, community service work, and other stipulations may be part of the community supervision requirements.

### Felonies

People with mental illness charged with felony offenses often have co-occurring drug and alcohol problems and are frequently arrested on offenses related to their addictions. Felony offenses may be reduced to misdemeanors and pled at the General Sessions level, but if a misdemeanor agreement cannot be reached, cases are bound over to the grand jury. Depending on the jurisdiction, the grand jury process can take several months to over a year. If the person is indicted by the grand jury, they are then arraigned in Circuit/Criminal Court. Dates will be set for settlement and, if the case is not settled, the defendant is eventually tried before a jury. Depending on the jurisdiction and the nature of the case, the entire process from arrest to final adjudication can take two years or longer.

This extended process can be by-passed in some jurisdictions by mutual agreement of the defendant, the defense, and the prosecution. Through this agreement, the defendant goes directly from the General Sessions Court to circuit court in weeks rather than months. Once in Circuit Court, the defendant can plea per the agreement and the sentence can be put into effect immediately.

Sentences in Criminal Court can include incarceration at either the local county jail or the Tennessee Department of Correction. Imposition of the sentence may be suspended to include either probation or community corrections supervision.

### **Forensics**

Defendants with a mental illness present a particular problem since there may be questions concerning their competency to stand trial. When there is a question concerning the defendant's competency to stand trial or mental condition at the time of the offense, a forensic evaluation may be ordered. In many circumstances, the forensic evaluation and treatment process is longer than the sentence for the offense. Courts are sometimes faced with the dilemma of choosing between adjudication of an individual whose competence is questionable or putting them through a lengthy evaluation and treatment process.

### **Mental Health and Criminal Justice Programs**

Through presentations and sharing of information, Task Force members became acutely aware of gaps in the service delivery system, differences between urban and non-urban communities, and the lack of resources needed to provide for individuals with mental illness who are involved with the criminal justice system. This section of the report will review services or programs in Tennessee, as well as the inadequacies of the system.

The following programs in Tennessee are examples of how mental health providers and the criminal justice system are coordinating efforts and working together in some parts of the state.

### **Urban Communities**

Nashville, Davidson County: Mental Health Cooperative (MHC)

The Mental Health Cooperative is a comprehensive case management and crisis response service agency that provides mental health services to individuals with mental illness and dual diagnosis in Davidson and surrounding counties. In July 1999, the Metro Nashville Police Department implemented a project through a General Order that declares the Mental Health Cooperative as the sole caregiver authorized by the Police Department to perform mental health assessments when an individual is detained by the police. The project represents a partnership between the Mental Health Cooperative, Metro Police Department, and General Hospital and was developed for the purpose of expediting the emergency evaluation process. Providing a single point of entry with referral and diversion services is a by-product of the project.

With the cooperation of the Davidson County Sheriff, the Mental Health Cooperative has provided a staff member assigned to the jail docket. This individual works with jail personnel to link incarcerated consumers back with a

mental health case manager, assess mental health needs, facilitate medication provisions, and make community referrals. The goal of this service is to maintain continuity of care and decrease the amount of time an individual with mental illness is incarcerated.

#### Memphis, Shelby County: Crisis Intervention Team (CIT)

The CIT is a specialized team approach to intervention with mental health situations in the community. The CIT was developed through a partnership in Memphis between the police department, NAMI of Memphis, mental health providers, the University of Memphis, and the University of Tennessee. This specialized unit is comprised of specially trained officers that respond immediately to mental health crisis calls in the community. The officers offer a humane and calm approach to the individual in crisis. This front line approach decreases the likelihood for need of physical confrontation and can lead to individuals accessing mental health treatment instead of incarceration.

The overall success of this program depends on the capability of the mental health emergency system to respond to the needs of the police. The relationship the CIT has with the Regional Medical Center's (The Med) psychiatric emergency room provides the police with immediate access to a place of safety where the individual can receive immediate attention and the officer can resume policing responsibilities in the community.

The CIT was established in 1988 and has gained national attention. This model is now being replicated in other states.

#### Chattanooga, Hamilton County: Jo Johnson Mental Health Center and Fortwood Center, Inc.

Jo Johnson Mental Health Center and Fortwood Center, Inc. are jointly providing mental health services in the Hamilton County Correctional Facility with funding provided in part by Jo Johnson and Fortwood Mental Health Centers through use of county funds. The project, which was implemented in September 1999, provides mental health case management services and psychiatric medical services to persons with mental illness in the jail. The case manager is responsible for staff training and orientation, assessment, direct clinical services, crisis intervention, advocacy, and community linkage. Psychiatric staff is available one day a week for two hours and is responsible for providing medication evaluations and consultations at the facility's medical clinic.

#### **Non-Urban Communities**

A number of the Task Force members represent non-urban communities and they shared information on the interaction of their local criminal justice systems and mental health systems. The case studies presented indicated a lack of coordination and communication between the two systems, causing major gaps in services for individuals with co-occurring diagnosis of mental

illness and alcohol/drug abuse or mental retardation. Cited as a few of the contributing factors creating the gaps are the inability to share information due to confidentiality, the lack of scheduled follow-up mental health services on release, lack of community resources, and individuals' non-compliance with mental health outpatient services.

There is evidence of some coordinated efforts between the community mental health centers and the criminal justice systems in non-urban communities. Efforts seem to be limited to community mental health centers working with the sheriffs and county jails to coordinate and provide limited services. The individuals who receive services are often individuals with mental illness who are known to both the sheriff and the mental health center staff. More frequently, individuals who are experiencing mental illness are most likely to go untreated due to the lack of a mental health assessment process and a lack of county resources to adequately provide the care. Dialogue between mental health providers and the criminal justice system is thought to be minimal at best and seldom includes discussions pertaining to the community system as a whole.

### **Critical Systems Issues**

In reviewing the Tennessee system, Task Force members identified crucial components in the mental health and criminal justice systems that either do not exist in communities or are inconsistent and fragmented. The following are the inadequacies considered significant in both urban and non-urban communities.

#### **Mental Health**

- Community resources (housing, mental health services, assertive case management, transportation, and social support services) that are needed to maintain stability in the community are not available or easily accessed for persons with mental illness and substance abuse problems.
- Community options for law enforcement officers to access services immediately for mental health evaluations and alternative services, instead of incarceration, are not readily available.
- Case management services are not mandated for incarcerated individuals with mental illness.
- Community mental health providers can not disclose medication needs without proper releases. This can cause delays in assuring that individuals receive prescribed medications.
- Crisis Response Teams are inconsistent in their responsiveness to law enforcement officers and jail personnel. As a matter of policy, some Crisis Response Teams do not respond, and others consider it to be a low priority if the individual is incarcerated or in the custody of law enforcement.
- An increased state hospital census for acute admissions has delayed admissions for forensic evaluations if the defendant does not require emergency hospitalization. This may extend the pre-trial incarceration period for individuals requiring forensic services.

### Criminal Justice

- Discharge or transfer planning between jails, the Department of Correction, probation and parole, and correctional community services is inadequate and sometimes non-existent.
- Discharge planning for persons with mental illness being released from correctional facilities does not routinely include referrals and linkage to mental health services, substance abuse services, housing, TennCare and other insurance, medication needs, or community service supports. Discharge policies are not monitored or reinforced.
- Once arrest has occurred, there is inadequate screening or a lack of a uniform approach to the process of assessing mental health history and diverting individuals with mental illness and substance abuse problems to appropriate treatment resources.
- Communication between mental health and criminal justice agencies concerning individuals' mental health and substance abuse needs is not routinely a part of the assessment or release process.
- The offenders' social support network is not adequately utilized, where appropriate, or available, in the criminal justice system.

### Training

- Law enforcement and correctional facility employees are not trained adequately in crisis management of mentally ill individuals in acute distress.
- Training and educational material for law enforcement and correctional agencies is outdated or does not address mental health and substance abuse issues adequately. Nor is adequate funding or staff available to address training needs.
- Criminal justice agencies are not routinely provided information or training concerning the needs of persons with mental illness, community resources, and treatment options that could become a part of procedures for diverting individuals with mental illness and substance abuse from being incarcerated for lengthy periods.
- Mental health providers do not routinely receive education and training concerning the criminal justice system.
- Judges, attorneys, defense councils, district attorneys, and victim service providers are not routinely educated and trained on the Forensic evaluation process, which in turn, can create unnecessary delays and extended incarceration for individuals with mental illness.

### Systems

- TennCare's policy of disenrolling members when incarcerated creates an inability for eligible members to access payment for mental health or medical services on release.
- The inability of eligible individuals to gain quick access to TennCare before release from incarceration.

- There is a significant lack of appropriate housing, social service support, and transportation for low income and homeless individuals with mental illness and substance abuse problems.
- There is a lack of accountability and resources in both the criminal justice and the mental health systems to assure that persons with mental illness and substance abuse problems are provided with appropriate care and services while incarcerated.
- There is inconsistent county government support to assist with funding for services for persons with mental illness and substance abuse disorders who are housed in the county jails.

## **CRIMINAL JUSTICE TASK FORCE RECOMMENDATIONS**

The review of written material and oral presentations provided the members with an overview of projects and services that are occurring not only in Tennessee but all over the United States. Through these activities, the review and discussion of the Tennessee system, the following recommendations were developed to address the critical systems issues.

### **Mental Health Recommendations**

- The Task Force recommends that the Tennessee Department of Mental Health and Mental Retardation (TDMHMR) establish a priority statement recognizing that persons with serious mental illness who are engaged in the criminal justice system have equal access to mental health services.
- The Task Force recommends that the Tennessee Mental Health Planning Council develop a position statement which promotes access to treatment for persons with serious mental illness who are engaged in the criminal justice system.
- The Task Force recommends that TDMHMR seek funding for the development, implementation, and monitoring of pilot projects that can be replicated to meet the needs of local communities statewide. The pilot projects should include, but not be limited to the following: Single Port of Entry, Boundary Spanners, pre-trial and post-trial case management services, and Mental Health Courts.
- The Task Force recommends that Crisis Response Services develop a policy requiring crisis responders to provide the same level of service to persons with mental illness who are involved with law enforcement or correctional personnel as it provides to all other persons who are experiencing a mental health crisis.
- The Task Force recommends that TDMHMR through the Office of Housing, Planning and Development work toward increasing appropriate housing options for person with serious mental illness who are engaged with the criminal justice system.

## Criminal Justice Recommendations

- The Task Force recommends that there be legislation to give an appropriate agency the authority to develop and enforce standards that would ensure persons with serious mental illness and those who have co-occurring disorders are provided care and resources while incarcerated.

The Task Force makes note that the Tennessee Correctional Institute is the only entity in the state that is responsible for certifying jails. If a jail is decertified, there are virtually no consequences or corrective actions that can be taken to improve the jail. Additionally, the standards do not adequately address mental health issues that should be specified as other chronic illness.

- The Task Force recommends that regardless of legislation, Tennessee Correctional Institute in conjunction with Division of Mental Health Services and Department of Corrections, develop and monitor standards that require documentation of release planning for persons with serious mental illness and co-occurring disorders who are being released or transferred from jails to the Department of Corrections, probation and parole, or community based corrections. Release planning standards should include information to ensure continuity of care and treatment.
- The Task Force recommends that community correctional facilities utilize a standardized mental health assessment and screening tool, which includes procedures for suicide assessment and prevention and appropriate housing for special needs detainees.

## **Training Recommendations**

- The Task Force recommends that members from each of the following entities receive specialized multidisciplinary training:
  - ◆ Criminal Justice System as defined in this report.
  - ◆ Case Management and Mental Health Treatment providersThe multidisciplinary training curriculum should encompass at a minimum the following areas:
  - ◆ Basics of psychopharmacology
  - ◆ Mental health crisis non-violent and de-escalation interventions
  - ◆ Symptom recognition and differentiation of mental illness and mental retardation
  - ◆ Judicial process
  - ◆ Substance abuse disorders
  - ◆ Confidentiality
  - ◆ Mental health resource identification, service eligibility standards, commitment standards, and mandatory out patient treatment

It is further recommended that the multidisciplinary training curriculum be provided as a part of the core training and reinforced through in-service training.

- The Task Force recommends that resources are made available to coordinate and approve the development and delivery of specialized training for the Tennessee Peace Officers Standards and Training (P.O.S.T.) Commission; and the Tennessee Correctional Institute (T.C.I.)
- The Task Force recommends that community mental health agencies identify personnel that can receive specialized training and education on the criminal justice system.

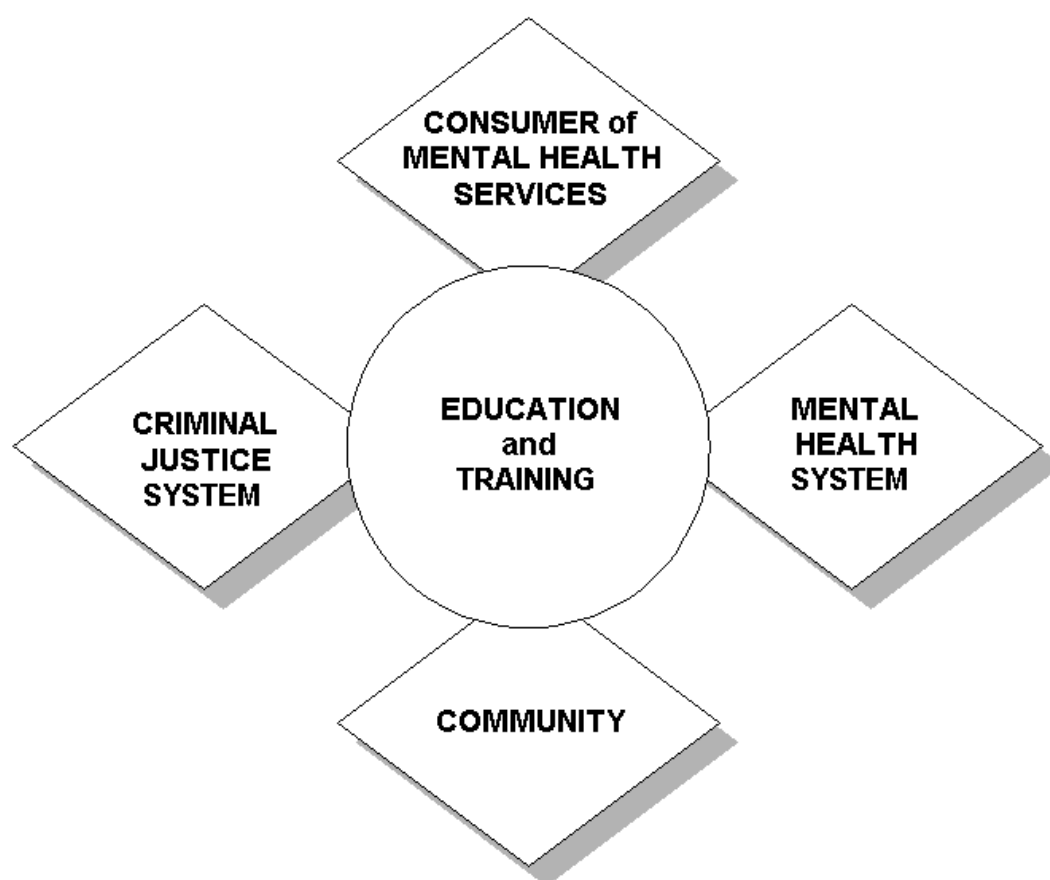
#### Systems Recommendations

- The Task Force recommends that individuals receiving TennCare benefits that enter the criminal justice system be identified and not disenrolled from TennCare. A mechanism for suspending and then reinstating benefits upon release to the community should be implemented.
- The Task Force recommends that the Bureau of TennCare develop an expedited application process for eligible persons with serious mental illness who are incarcerated to ensure benefits may be accessed quickly on release.
- The Task Force recommends that the Title 33 Commission recommendations be accepted and legislated into law. The Commission was appointed by Governor Sundquist to conduct a thorough review of Title 33 and give recommendations for revision of the law. Many of the recommendations are pertinent to the issues and discussions of the Task Force. Recommendations include: a philosophy that promotes community based services for persons with mental illness and accountability to the public; a 24 to 72 hour observation service for individuals with mental illness who are experiencing severe impairment; the permission to transport people for involuntary hospitalization by alternative transportation agents; require the Department of Mental Health and Mental Retardation to set basic quality standards for all services to people with mental illness.
- The Criminal Justice Task Force recommends that the work of the Task Force continue through the establishment of a statewide advisory committee. In addition, it recommends that the Department of Mental Health and Mental Retardation devote a full-time position to be responsible for coordinating and facilitating the activities of the advisory committee and to serve as a mental health/criminal justice liaison for the State.

The advisory committee will be responsible for the oversight and implementation of the Task Force recommendations. It will monitor how the two systems are progressing toward interacting productively together and serve in an advisory capacity for the criminal justice and mental health systems. The advisory committee would operate within the Tennessee Mental Health Planning Council. The membership must include representation from the community, mental health and criminal justice systems (as defined in this report), family and consumer groups, and other stakeholders.

The Mental Health/Criminal Justice Liaison will be responsible for coordinating and facilitating the activities of the Advisory Committee. This individual will also be responsible for implementing and maintaining joint activities between the criminal justice and mental health service systems of Tennessee and to seek funding for the development of pilot projects that can be monitored for replication statewide. The Liaison will also work with the seven regional mental health planning councils to develop relationships between the criminal justice and mental health systems on the local level.

# PROPOSED TENNESSEE SYSTEMS MODEL



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